

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1611

State File No. \_\_\_\_\_

Registration District No. 26Primary Registration District No. 3002Registrar's No. 2

## 1. PLACE OF DEATH:

(a) County Audrain  
 (b) City or town Mexico  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Audrain Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Since 12/10/40  
 (Specify whether)  
 In this community Entire life  
 years, months or days

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Audrain  
 (c) City or town Mexico MO  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 421 W. Pearson  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## 3. (a) PRINT

FULL NAME Ben W. Robinson

3. (b) If veteran SS. 486-12-2892 3. (c) Social Security  
 name war None No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married,  
 divorced M  
 6. (b) Name of husband or wife Bettie A. Robinson 6. (c) Age of husband or wife if  
 alive 66 years  
 7. Birth date of deceased Nov. 28, 1875  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 1 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Audrain County, MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W. P. A.

12. Name Richard Robinson

13. Birthplace Audrain County, MO  
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Creed

15. Birthplace Audrain County, MO  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bettie A. Robinson

(b) Address 421 W. Pearson, Mexico, MO.

17. (a) Burial (b) Date thereof 1/8/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berea, Audrain Co MO

18. (a) Signature of funeral director Clifford

(b) Address Mexico, Missouri

19. (a) Jan 8 1941 (b) Blanche Keely  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8  
 year 1941 hour 10 minute 50 P.

21. I hereby certify that I attended the deceased from 12-10-40  
 \_\_\_\_\_, 19\_\_\_\_, to 1-6-41, 19\_\_\_\_.

that I last saw him alive on 1-6-41, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral

hypertension  
chronic  
myocardial  
infarction  
12 years

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23

(Specify type of place)  
 While at \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. H. H. H. H. (M. D. or other) D

Address Mexico MO Date signed 1-7-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 2-41-433

Date Filed FEB 19 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Amos Amos*

Licensed Embalmer No.

3569

P. O. Address

*Indies*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.